

MAR 1 2012



Please type or print in ink.

2012 MAR -1 PM 4:22

NAME OF FILER

(LAST)

(FIRST)

BY:

(MIDDLE)

Brownley,

Julia

Andrews

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

41st Assembly District

Your Position

Assembly Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Office sought, if different than Part 1: \_\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-1-12  
(month, day, year)

Signature



# **SCHEDULE D** **Income – Gifts**

Name

Brownley

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401-21st Street, Suite 200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sacramento, CA 95811-5221

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	\$ 117.09	Caucus Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)

777 South Figueroa Street, Suite 4050

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Los Angeles, CA 90017

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 11	\$ 10.00	Beverages/Dem Dinner
02 / 09 / 11	\$ 84.30	Jacket
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Monterey Bay Aquarium

ADDRESS (Business Address Acceptable)

886 Cannery row

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Monterey, CA 93940-1023

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 04 / 11	\$ 94.04	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Valley Industry & Commerce Association

ADDRESS (Business Address Acceptable)

5121 Van Nuys Boulevard, Suite 203

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sherman Oaks, Ca 91403

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 25 / 11	\$ 100.00	State Officeholders
___ / ___ / ___	\$ _____	Dinner
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Brownley

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE  
City of Los Angeles  
ADDRESS (Business Address Acceptable)  
1400 K. Street, Suite 208  
CITY AND STATE  
Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 01 / / 11 - 03 / / 11 AMT: \$ 90.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
Airport parking for official government business

► NAME OF SOURCE  
City of Los Angeles  
ADDRESS (Business Address Acceptable)  
1400 K. Street, Suite 208  
CITY AND STATE  
Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 07 / / 11 - 09 / / 11 AMT: \$ 90.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
Airport parking for official government business

► NAME OF SOURCE  
City of Los Angeles  
ADDRESS (Business Address Acceptable)  
1400 K. Street, Suite 208  
CITY AND STATE  
Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 04 / / 11 - 06 / / 11 AMT: \$ 90.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
Airport parking for official government business

► NAME OF SOURCE  
City of Los Angeles  
ADDRESS (Business Address Acceptable)  
1400 K. Street, Suite 208  
CITY AND STATE  
Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 10 / / 11 - 12 / / 11 AMT: \$ 90.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
Airport parking for official government business

Comments: